

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 -- 0 0 4

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)
FEBRUARY 1, 2004 FOR FEDERAL POVERTY LEVEL

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
1902 A 10 (A) (I) & (II)

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SUPPLEMENT 1 TO ATTACHMENT 2.6-A, PP. 1B, 2, 2A, 3, 3A,
4,5,6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

REPLACES PAGES OF SAME NUMBER

10. SUBJECT OF AMENDMENT:
2004 FEDERAL POVERTY LEVELS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED

ACTING COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

John R. Nicholas

13. TYPED NAME:
JOHN R. NICHOLAS

14. TITLE:
ACTING COMMISSIONER, DEPARTMENT OF HUMAN
SERVICES

15. DATE SUBMITTED: 3/24/04

16. RETURN TO:

CHRISTINE ZUKAS-LESSARD, ACTING DIRECTOR
Bureau of Medical Services

#11 State House Station
442 Civic Center Drive
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3-25-04

18. DATE APPROVED:

4-28-04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2-13-04

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCF

23. REMARKS

Note: Effective date can be no earlier than the day the poverty levels are published in the Federal Register. Hence the effective date of this amendment is February 13, 2004.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective February 1, 1998, based on the following percent of the official Federal income poverty level--

☐ 133 percent ☒ 185% percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1,436</u>
<u>2</u>	<u>\$1,926</u>
<u>3</u>	<u>\$2,416</u>
<u>4</u>	<u>\$2,907</u>
<u>5</u>	<u>\$3,397</u>

Add \$491 for each added member

TN No. 04-004
Supersedes
TN No. 03-002

Approval Date: 4-20-04 Effective Date: 2/13/2004

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a)(10)(i)(VI) of the Act who have attained age 1 but not attained age 6:

Effective February 1, 1998 based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1,032</u>
<u>2</u>	<u>\$1,385</u>
<u>3</u>	<u>\$1,737</u>
<u>4</u>	<u>\$2,090</u>
<u>5</u>	<u>\$2,442</u>

Add \$353 for each added member

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

4. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902 (a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 776</u>
<u>2</u>	<u>\$1,041</u>
<u>3</u>	<u>\$1,306</u>
<u>4</u>	<u>\$1,571</u>
<u>5</u>	<u>\$1,836</u>
<u>6</u>	<u>\$2,101</u>
<u>7</u>	<u>\$2,366</u>
<u>8</u>	<u>\$2,631</u>
<u>9</u>	<u>\$2,896</u>
<u>10</u>	<u>\$3,161</u>
Each Added Member	<u>\$ 265</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

I. Pregnant Women and Infants

The level for determining income eligibility for optional groups of pregnant women and infants under the provisions of section 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1,436</u>
<u>2</u>	<u>\$1,926</u>
<u>3</u>	<u>\$2,416</u>
<u>4</u>	<u>\$2,907</u>
<u>5</u>	<u>\$3,397</u>

Each Added Member \$ 491

Based on 185% FPL for pregnant women and infants

Please refer to Supplement 8a to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

C. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children under Section 1902(a)(10)(A)(ii)(IX) of the Act who have attained age 1 but not attained age 6.

Based on 133 percent (no more than 133 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1032</u>
<u>2</u>	<u>\$1,385</u>
<u>3</u>	<u>\$1,737</u>
<u>4</u>	<u>\$2090</u>
<u>5</u>	<u>\$2442</u>
Each Added Member	<u>\$ 353</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 776</u>
<u>2</u>	<u>\$ 1041</u>
<u>3</u>	<u>\$1,306</u>
<u>4</u>	<u>\$1,571</u>
<u>5</u>	<u>\$1,836</u>
<u>6</u>	<u>\$2,101</u>
<u>7</u>	<u>\$2,366</u>
<u>8</u>	<u>\$2,631</u>
<u>9</u>	<u>\$2,896</u>
<u>10</u>	<u>\$3161</u>

Each Added Member \$265

Please refer to Supplement 8a to Attachment 2.6A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100% percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	<u>\$ 776</u>
2	<u>\$1,041</u>
3	<u>\$1,306</u>
4	<u>\$1,571</u>
5	<u>\$1,836</u>
Each Added Member	<u>\$265</u>

Please refer to Supplement 8a to Attachment 2.6A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(P)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1990: ☐ 90 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1

\$ 776

2

\$1,041

Please refer to Supplement 8a to Attachment 2.6-A